

SENATE PUBLIC HEALTH, WELFARE & SAFETY

February 23, 2007

SB 522 Psychologist Prescribing

TESTIMONY

Beda Lovitt, representing the physicians of the Montana Medical Association and the Montana Psychiatric Association

I know you have received lots of paper on this issue. I am offering you more. I ask that you look carefully at this data as you carefully consider the serious decision before you.

Montana physicians applaud and support the efforts of Sen. Weinberg in seeking solutions for concerns of mental health, suicide and scarcity of treatment providers.

However, we disagree that the answer is to legislate prescribing privileges for psychologists without adequate medical background, training and education.

This is a matter of patient safety.

Other states, New Mexico and Louisiana, have statutes allowing psychologists to prescribe under certain conditions. Hawaii considered legislation last year and sent it to a nonpartisan research agency to look at issues of curriculum and safety. *20 other states have rejected*

I have attached to my testimony some compare and contrast points looking at the laws of New Mexico and Louisiana and comparing them to the proposed Montana law. *a proposed Hawaii*

They differ considerably in hours of instruction, hours of supervised practicum, conditional prescribing certifications and collaborative relationships with the patient's primary care physician, along with continuing consultation, collaboration and concurrence with a primary care physician.

SB 522 proposes 150 less hours of instruction than New Mexico, 200 hours less than that proposed by Hawaii, no time period for practicum, no collaboration or supervision by medically trained professionals.

Rules are to be written by the Board of Psychology, a regulatory board, made up of individuals with no medical training and not equipped to judge medical competency. There is no provision for consultation with medical professionals.

The standards and requirements in this bill are vague at best.

There are other medical disciplines, nurse anesthetists, advance practice RN, physician assistants, who prescribe, but they share a strong science background in their area of special expertise or they practice under the supervision of a physician.

The solution lies in recruiting more psychiatrists, expanding our telemedicine services for both consultation and ongoing care, and formalizing psychopharmacology training for primary care physicians, as other rural states have done successfully.

This is an issue of potential great impact on the mentally ill. It should not be considered in haste without sufficient consideration of requirements that fit within Montana's health care system.

We ask that you give SB 522 a DO NOT PASS.

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COMPARE AND CONTRAST REQUIREMENTS - PSYCHOLOGIST PRESCRIBING

HAWAII

A bill was proposed in 2006 which did not pass; held back by senate committee

- sent to a nonpartisan research agency for a report on the issue of prescription authority
- study curriculum and safety issues

To be looked at this 2007 legislative session

The proposed legislation

LIMITED TO psychologists practicing in the network of 13 federally funded health clinics offering primary care to the poor and uninsured.

AMENDMENTS

- remove antipsychotics and stimulants from the formulary of approved drugs
- requiring the education in psychopharmacology to be part of a postdoctoral master's program with 500 hours of instruction
- increasing the supervised practicum to two years with a minimum of 500 contact hours and 150 patients
- requiring collaboration with a physician on treatment

NEW MEXICO

-into law

- 450 hours of instruction
- 400 hours of supervised practicum with a minimum of 100 patients
- national certification exam
- conditional prescribing certification for two years
- maintain collaborative relationship with the patient's primary care physician on the patients' care

LOUISIANA

Requiers:

- Post doctoral master's degree in clinical psychopharmacology
- national certification exam
- Consult, collaborate and concur with primary care physician

MONTANA PROPOSED

"organized program of intensive instruction of at least 300 contact hours in core areas such as neuroscience, pharmacology, psychopharmacology, physiology, pathophysiology, appropriate and relevant physical and laboratory assessment and other clinical pharmacotherapeutics.

WHAT DOES ORGANIZED MEAN? OR INTENSIVE?

150 HOURS LESS INSTRUCTION THAN NEW MEXICO

200 HOURS LESS INSTRUCTION THAN PROPOSED BY HAWAII

"Supervised and relevant clinical experience with at least 100 patients under qualified practitioners.

- Qualified practitioners is undefined. Psychologists? Physicians?

No time period of practicum.

No collaboration or supervision by medically trained professional.

Rules are to be written by the Board of Psychology, a regulatory board, individuals with no medical training.

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